

# The Chatbot Will See You Now: Utah Pilot Program Allows AI to Renew Prescriptions

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Utah has taken the unprecedented move of permitting artificial intelligence (AI) to legally prescribe renewal medical prescriptions without human intervention. The pilot program is a partnership between Utah and a rapidly growing health-tech platform which will automate routine prescription renewals for chronic conditions of approximately 190 commonly prescribed medications, such as blood pressure drugs, diabetes medicine, birth control and Selective Serotonin Reuptake Inhibitors (SSRIs).

The initiative aims to safely delegate repetitive administrative tasks to AI to lighten clinician workload, improve refill continuity and expand patient access while maintaining safety and quality standards.

Patients in Utah will be given the opportunity to use the AI system to obtain a renewal for a prescription that had been initially prescribed by a licensed clinician. The system will first verify the patient's identity and physical location in the state of Utah. Then, the patient will interact with a chatbot that goes through a structured questionnaire about the patient's symptoms, side effects, adherence, any changes in health status and other medications. The system will determine whether renewing the existing prescription is appropriate by scanning for red flags, drug interactions and other contraindications. Any issues that arise in the AI's review are escalated to a human clinician. If the system determines that the renewal is appropriate, then it will send the prescription directly to the patient's pharmacy. The current charge to patients for the renewal is \$4.

The pilot program has a phased rollout that requires the first 250 renewals of each drug class to be reviewed and verified by a physician before the system can prescribe autonomously. From there, approximately 10% of the prescriptions will be randomly sampled for safety review.

Chief among the legal and compliance concerns is that the system is engaging in the practice of medicine by taking actions reserved for licensed professionals, including making clinical judgments and prescribing medication. The pilot program is governed by the health platform and its AI Regulatory Mitigation Agreement, Utah Office of Artificial Intelligence Policy, and Utah Division of Professional Licensing, which expressly grants certain regulatory mitigation. Utah is making exceptions for the program pertaining to its laws on professional licensure, scope of practice, professional conduct and telehealth prescribing during the pilot period.

Despite the permissions granted by the state of Utah, this innovative program brings other potential compliance concerns. State law governs the practice of medicine in a state, but the U.S. Food and Drug Administration (FDA) is responsible for the regulation of medical devices marketed for diagnosis, treatment or prevention of disease. FDA regulation of medical devices can involve premarket approval, clearance and compliance with regulatory controls. The FDA has in the past deferred to state frameworks where conduct is authorized under state law. Currently, the FDA has declined to comment on the program saying that the issue falls outside of the agency's regulatory purview.

Physician organizations, including the American Medical Association (AMA), have raised substantive concerns regarding the pilot program, such as its lack of full clinical context and

accountability to make refill determinations independently.<sup>[1]</sup> The AMA's position is that AI is better used as an augment and support for physicians, rather than a replacement.

The U.S. Department of Health and Human Services (HHS) has also issued a request for information seeking input on ways that it can accelerate adoption and use of AI in clinical care.<sup>[2]</sup> In particular, HHS is seeking feedback on how it can use regulatory, reimbursement, and research and development levers to enable AI adoption throughout the U.S. healthcare system. The deadline to submit comments is February 23, 2026.

Several states are in discussions about launching similar programs, while others have taken action to limit AI in the healthcare space. The outcomes of the pilot program will likely influence how regulators, providers, patients and the general public may accept AI in the clinical space going forward.

If you have questions about the recent legal developments pertaining to AI, please contact your Dinsmore attorney.

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<sup>[1]</sup> John Whyte, MD, MPH, *AI Alone Isn't Enough: Utah's Prescription Pilot Highlights Need for Physician Oversight*, American Medical Association, Jan. 15, 2026, available at: [https://www.linkedin.com/comm/pulse/ai-alone-isnt-enough-utahs-prescription-pilot-1hrjc?lipi=urn%3Ali%3Apage%3Aemail\\_email\\_series\\_follow\\_newsletter\\_02%3BUF8tAHbVT7K6kc%2B%3Femail\\_series\\_follow\\_newsletter\\_02-newsletter\\_content\\_preview-o-title\\_%3Femail\\_series\\_follow\\_newsletter\\_02-newsletter\\_content\\_preview-o-title\\_-null-bwkyz~mkfxiez1~rf-null-null&eid=bwkyz-mkfxiez1-rf](https://www.linkedin.com/comm/pulse/ai-alone-isnt-enough-utahs-prescription-pilot-1hrjc?lipi=urn%3Ali%3Apage%3Aemail_email_series_follow_newsletter_02%3BUF8tAHbVT7K6kc%2B%3Femail_series_follow_newsletter_02-newsletter_content_preview-o-title_%3Femail_series_follow_newsletter_02-newsletter_content_preview-o-title_-null-bwkyz~mkfxiez1~rf-null-null&eid=bwkyz-mkfxiez1-rf)

<sup>[2]</sup> 90 F.R. 60108.